

# NoVA-SPIs (Northern Virginia Spirits & Paranormal Investigators)

## CLIENT INFORMATION FORM

novaspis@gmail.com

Date:

(Please remember to download document before filling it out or you will lose all of your data!)

Name(s):			
Address:			
City:	State:	Zip Code:	
Phone #(s):	Cell Number(s):		
Email:			
How Did You Hear About Us?:			

Owners/Occupants Names (Including Yourself)	Gender (M / F)	Relationship	Date Of Birth / Age (mm/dd/yy)

### Structural Information

Building Type: (Check One)  
 Detached Residence   
 Duplex   
 Condo   
 Apartment   
 Commercial Bldg   
 Other

Do You Own or Rent?  Own  Rent

No. of Bedrooms:		Bathrooms:		Square Feet:		Lot Size (Sq. Ft.):	
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#### ADDITIONAL ROOMS & OTHER INFORMATION:

#### HOW MANY YEARS AND/OR MONTHS HAVE YOU LIVED AT THE LOCATION?

Last Name: \_\_\_\_\_

Date: \_\_\_\_\_















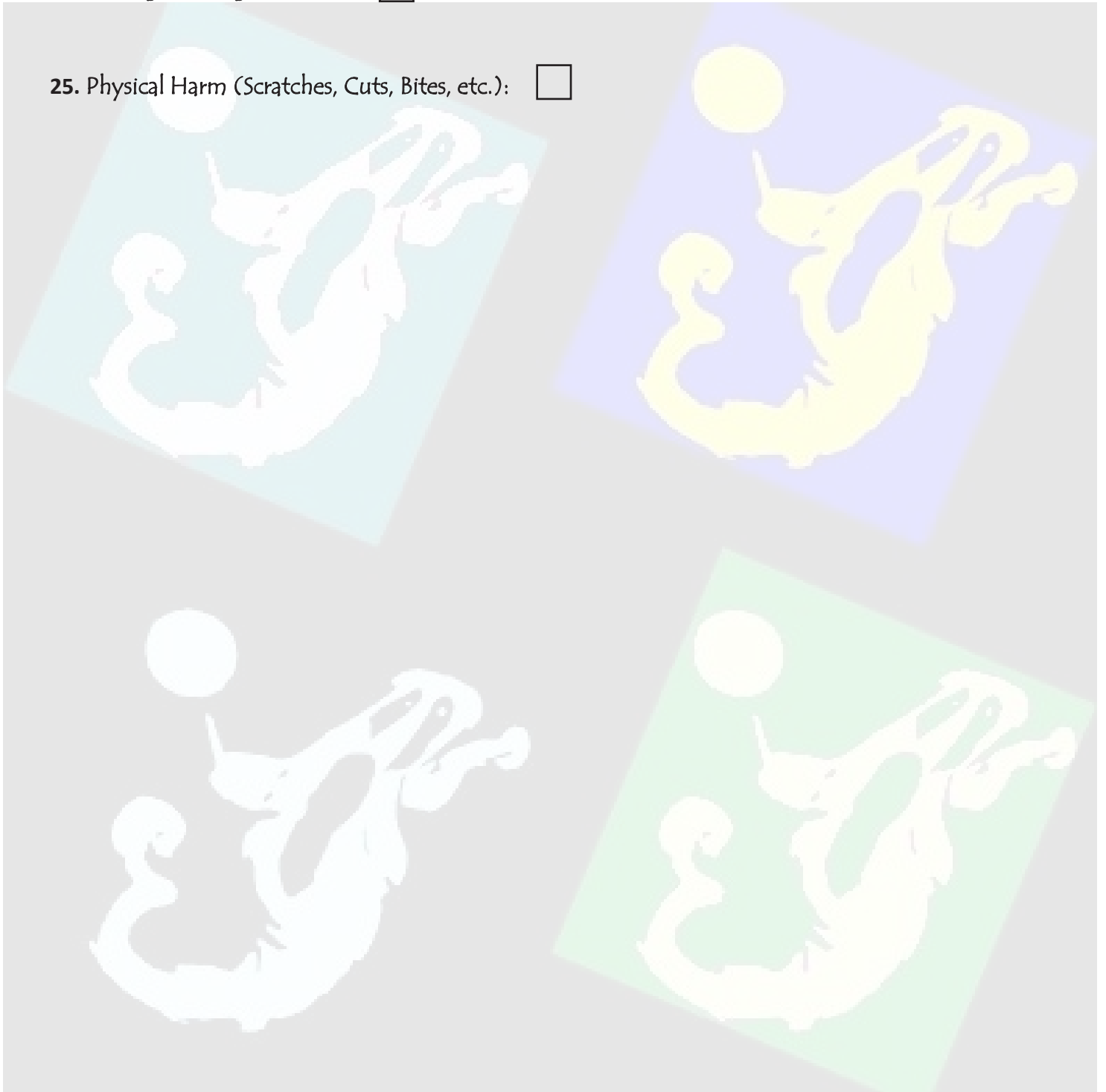




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24. Feeling of Being Touched:

25. Physical Harm (Scratches, Cuts, Bites, etc.):



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Any Additional Information, Notes, or Questions



Last Name: \_\_\_\_\_

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Date: \_\_\_\_\_